



City of Flagstaff

Community Development Division

211 W. Aspen Ave
Flagstaff, AZ 86001
www.flagstaff.az.gov

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TUP

Date Received	Application for Temporary Use Permit	
Property Owner(s)		Phone
Mailing Address	City, State, Zip	Email
Applicant(s)		Phone
Mailing Address	City, State, Zip	Email
Site Address	Parcel Number(s)	Zoning
Date(s) of Use		Hours of Operation

Information on Temporary Use Permit standards is in Section 10-20.40.150 (Temporary Use Permits) of the Zoning Code.

Will food be provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will outdoor lighting be used?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Will food be prepared on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will a sound system be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any items be for sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are any street closures proposed?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Will tent(s) be set up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will a trailer be set up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will construction materials/equipment be stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will flammable liquids/chemicals be stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant a civic/ non-profit organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is onsite signage needed for this event?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

*If outdoor lighting will be used, please also submit an Application for Outdoor Lighting Permit.

*If street closures are proposed, please contact the Special Events Coordinator for the City at (928) 213-2312.

*If signs will be used onsite, please adhere to standards for Approved Temporary Uses (10-50.100.090.B).

Description of Use:

A site plan and written permission from the property owner for the proposed use are required with this application. Please see reverse side for additional submittal information.

Note: Applications which are incomplete or not accompanied by the required information will not be accepted.

____ (Initials) I hereby certify that the information set forth on this form is complete and accurate and do hereby agree to comply with all applicable codes of the City of Flagstaff and the State of Arizona and with any conditions attached hereto, and request that all pertinent City personnel access my property at any time deemed necessary to inspect work being done relating to this permit.

Applicant Signature

Date

For City Use

Review Required:	Date:	Action:	Permit Number:
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1. A flow chart describing the review process inclusive of applicable review time frames (administrative completeness review and substantive review) is attached.
2. The City and an applicant for a temporary use permit may mutually agree in writing to extend the substantive review time frame (and also therefore the overall review time frame) by no more than 50% of the overall time frame, i.e. an additional 6 working days.
3. An applicant for a temporary use permit may receive clarification from the City of how it is interpreting Section 10-20.40.150 (Temporary Use Permits) of the Zoning Code.
4. If an applicant fails to respond to corrections provided by the City within 30 days of the date of the corrections, the application shall be considered withdrawn.